| PATENT APPLICATION FEE DETERMINATI N RECORD Effective December 8, 2004   |  |   |   |                                   |            |                                  |              |                 | Application or Docket Number |    |                     |                         |
|--|--|---|---|-----------------------------------|------------|----------------------------------|--------------|-----------------|------------------------------|----|---------------------|-------------------------|
|  |  | CLAIMS A                                  | S FILED -   |                                   | (Column 2) |                                  | -            | MALL EN         | my                           | OR | OTHER<br>SMALL      | THAN                    |
| U.S. NATIONAL STAGE FEES   |  |   |   |                                   |            |                                  | 1 Г          | RATE            | FEE                          | 7  | RATE                | FEE                     |
| BASIC FEE  |  |   | SMALL ENT   | . = \$ 160                        | LAR        | E ENT \$ 300                     | 1 5          | ASIC FEE        |                              | OR | BASIC FEE           | 200                     |
| EXAMINATION FEE  |  |   | Satisfies PCT A<br>(4) = \$ 80                                  | viicle 33(1)-<br>1/8 100          |            | her altuations =<br>100 / \$ 200 | 16           | VAM. PEE        |                              | ĺ  | EXAM. FEE           | 200                     |
| SEARCH FEE   |  |   | U.S. is ISA = 1<br>ALL other co<br>\$ 200 / 1                   | untries =                         |            | her situatione =<br>250 / \$ 500 | s            | EARCH FEE       |                              |    | SEARCH FEE          | 400                     |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min   | us 100 =                          |            | / 50 =                           | 1 [          | X \$ 125 =      |                              | 1  | X \$ 250 =          |                         |
| TOTAL CHARGEABLE CLAIMS  |  |   | G mi  | กบร 20 =                          |            |                                  | 1 [          | X \$ 25 =       |                              | OR | X \$ 50 =           |                         |
| INDEPENDENT CLAIMS   |  |   | S minus 3 = .   |                                   |            | 2_                               | ] <b> </b> ; | X \$ 100 =      |                              | OR | X \$ 200 =          | 400                     |
| MUK  | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT   |                                   |            |                                  |              | + \$ 180 =      |                              | OR | + \$ 360 =          |                         |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |   |                                   |            |                                  | _            | TOTAL           |                              | OR | TOTAL               |                         |
| 2  | -8- <u>C</u>                                   | (COLUMN 1) CLASS REMAINING                | MENDED - PART II  (Column 2) (Column 3)  HIGHEST NUMBER PRESENT |                                   |            |                                  | ìĖ           | SMALL E         | ADOI-                        | OR | OTHER SMALL E       | ADDI-                   |
| AMENDMENT A  |  | AFTER<br>AMENDMENT                        |   | PREVIO<br>PAID                    |            | EXTRA                            | ╏┖           | KAIE            | PEE                          |    | RATE                | TIONAL<br>FEE           |
|  | Total  | .4  | Minus   | 12                                |            | • 🔨                              | L            | X \$ 25 =       |                              | OR | X \$ 50 =           | $\setminus$             |
|  | Independent                                    |   | Minus   | C                                 | <u>5</u>   | $\cdot \bigcirc$                 |              | \$ 100 <b>=</b> |                              | OR | X \$ 200 =          |                         |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |            |                                  | ╸            | \$ 180 =        |                              | OR | + \$ 360 =          |                         |
|  |  |   |   |                                   |            |                                  | TC           | FEE             |                              | OR | TOTAL ADDIT.<br>FEE |                         |
| (Column 1) (Column 2) (Column 3)   |  |   |   |                                   |            |                                  |              |                 |                              |    |                     |                         |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUME<br>PREVIO<br>PAID F | ER<br>USLY | PRESENT<br>EXTRA                 |              | RATE            | ADDI-<br>TIONAL<br>FEE       |    | RATE                | ADONAL<br>TIONAL<br>FEE |
|  | Total  | •   | Minus   | ••                                |            | •                                | [7           | K \$ 25 =       |                              | OR | X \$ 50 =           |                         |
|  | Independent                                    | •   | Minus   | ***                               |            | •                                | ×            | \$ 100 =        |                              | OR | X \$ 200 =          |                         |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |            |                                  |              | \$ 180 =        |                              | OR | + \$ 380 =          |                         |
| TOTAL ADDIT.  FEE CR TOTAL ADDIT.  FEE FEE   |  |   |   |                                   |            |                                  |              |                 |                              |    |                     |                         |
| " If the entry in column 1 is less than the entry in column 2, write "O" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 70", order "20". "* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 70", order "20". |  |   |   |                                   |            |                                  |              |                 |                              |    |                     |                         |
|  | The "Highest Nur                               | riber Previously Palsi                    | For" (Total or Ind  | al (prebneqe                      | the high   | est number found                 | in the ec    | propriate box   | In column 1,                 |    |                     |                         |

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